

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN5345PCA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/16/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARE MINDERS HOME CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>850 MILL ST STE 205A RENO, NV 89502</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	<p><b>Initial Comments</b></p> <p>This findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>This Statement of Deficiencies was generated as a result of the initial State Licensure survey conducted in your agency on September 16, 2008. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The following deficiencies were identified:</p> <p>Section 16. 1. A separate personnel file must be kept for each attendant of an agency and must include, without limitation:</p> <p>(c) Documentation that the attendant has had the tests or obtained the certificates required by NAC 441A.375;</p> <p>Based on record review on 9/16/08, the agency did not ensure that 6 of 7 attendants met the tuberculosis (TB) requirements as outlined in Nevada Administrative Code (NAC) 441A.375.</p> <p>Findings include:</p> <p>Seven attendant files were reviewed.</p> <p>Employee #1 - Hire date was 5/1/08. The employee's file did not contain a copy of a physical examination from a licensed physician or certification from a licensed physician that the person was in a state of good health, was free from active tuberculosis and any other disease in</p>	P 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN5345PCA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/16/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARE MINDERS HOME CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>850 MILL ST STE 205A RENO, NV 89502</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	<p>Continued From page 1</p> <p>a contagious state.</p> <p>Employee #3 - Hire date was 8/21/07. The employee's file did not contain a copy of a physical examination from a licensed physician or certification from a licensed physician that the person was in a state of good health, was free from active tuberculosis and any other disease in a contagious state.</p> <p>Employee #4 - Hire date was 5/28/08. The employee's file did not contain a copy of a physical examination from a licensed physician or certification from a licensed physician that the person was in a state of good health, was free from active tuberculosis and any other disease in a contagious state.</p> <p>Employee #5 - Hire date was 1/14/08. The employee's file did not contain a copy of a physical examination from a licensed physician or certification from a licensed physician that the person was in a state of good health, was free from active tuberculosis and any other disease in a contagious state.</p> <p>Employee #6 - Hire date was 4/8/08. The employee's file did not contain a copy of a physical examination from a licensed physician or certification from a licensed physician that the person was in a state of good health, was free from active tuberculosis and any other disease in a contagious state.</p> <p>Employee #7 - Hire date was 7/2/07. The employee's file did not contain a copy of a physical examination from a licensed physician or certification from a licensed physician that the person was in a state of good health, was free from active tuberculosis and any other disease in</p>	P 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN5345PCA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/16/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARE MINDERS HOME CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>850 MILL ST STE 205A RENO, NV 89502</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	<p>Continued From page 2</p> <p>a contagious state.</p> <p>Section 16. 1. A separate personnel file must be kept for each attendant of an agency and must include, without limitation:</p> <p>(f) Proof that, within 6 months after the attendant began working for the agency, the attendant obtained a certificate in first aid and cardiopulmonary resuscitation issued by the American National Red Cross or an equivalent certificate approved by the Health Division;</p> <p>Based on record review on 9/16/08, the agency did not ensure that 1 of 7 attendants obtained a certificate in first aid within 6 months of hire.</p> <p>Findings include:</p> <p>Seven attendant files were reviewed.</p> <p>Employee #5 - Hire date was 1/14/08. The employee's file did not contain documentation that the attendant obtained a certificate in first aid within 6 months of starting employment.</p> <p>Section 19. 1. Each attendant of an agency shall:</p> <p>(c) Receive training:</p> <p>5. In first aid and cardiopulmonary resuscitation. A certificate in first aid and cardiopulmonary resuscitation issued by the American National Red Cross or an equivalent certificate will be accepted as proof of that training.</p> <p>Based on record review on 9/16/08, 1 of 7</p>	P 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN5345PCA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/16/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARE MINDERS HOME CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>850 MILL ST STE 205A RENO, NV 89502</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
P 000	<p>Continued From page 3</p> <p>attendants did not receive training in first aid.</p> <p>Findings include:</p> <p>Seven attendant files were reviewed.</p> <p>Employee #5 - Hire date was 1/14/08. The employee's file did not contain documentation that the attendant obtained a certificate in first aid.</p> <p>Sec. 20. 2. The written disclosure statement must include a description of and information concerning the personal care services offered by the agency, including, without limitation:</p> <p>(b) The qualifications and training requirements for the attendants who provide personal care services to the clients of the agency;</p> <p>Based on record review on 9/16/08, the written disclosure statement provided to 11 of 11 clients did not include the qualification and training requirements for the attendants providing personal care.</p> <p>Findings include:</p> <p>Eleven client files were reviewed. None of the disclosure statements contained in the client files included the qualification and training requirements for the attendants who provided personal care.</p> <p>Sec. 21. 1. The administrator of an agency shall ensure that a client is not prohibited from speaking to any person who advocates for the rights of the clients of the agency.</p> <p>Based on record review and interview on 9/16/08,</p>	P 000			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN5345PCA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/16/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARE MINDERS HOME CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>850 MILL ST STE 205A RENO, NV 89502</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	<p>Continued From page 4</p> <p>the administrator did not ensure that the clients were made aware that they were not prohibited from speaking with an advocate.</p> <p>Eleven client files were reviewed. None of the client files contained documentation that they were notified that they were not prohibited from speaking with an advocate. The administrator was interviewed. He stated that the clients were told verbally upon initiation of services that they could speak with any advocate, but the information was not documented in the files.</p> <p>Sec. 21. 4. The agency shall develop a written description of the rights of clients and provide a copy to each client or a representative of the client upon initiation of the service plan established for the client. A signed and dated copy of the receipt of this information by the client or a representative of the client must be maintained in the record of the client.</p> <p>(f) To receive information, upon request, concerning the policies and procedures of the agency, including, without limitation, the policies and procedures of the agency relating to charges, reimbursements and determinations concerning service plans.</p> <p>Based on record review on 9/16/08, the agency did not include in the written description of client rights, the ability to receive upon request the policies and procedures of the agency.</p> <p>Eleven client files were reviewed. None of the client files contained documentation that they were informed that they could receive, upon request, the agency policies and procedures.</p> <p>Sec. 22. 3. The agency shall complete the</p>	P 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN5345PCA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/16/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARE MINDERS HOME CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>850 MILL ST STE 205A RENO, NV 89502</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	<p>Continued From page 5</p> <p>following tasks before providing the personal care services outlined in the service plan established for the client and as often as necessary if the service plan is revised:</p> <p>(b) Review the service plan with the client, including, without limitation, the schedule for the provision of personal care services to the client, the procedure to follow if an attendant fails to provide personal care services in accordance with the service plan, the hiring and training policies of the agency, the responsibilities of the agency, the procedure for filing a grievance or complaint and any personal care services that an attendant is prohibited from providing pursuant to section 23 of this regulation;</p> <p>Based on record review on 9/16/08, the agency did not review with 11 of 11 clients the hiring and training policies of the agency.</p> <p>Findings include:</p> <p>Eleven client files were reviewed. None of the files reviewed contained documentation that the agency reviewed the hiring and training policies of the agency with the clients.</p>	P 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.